Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	51D0016978	10/12/2023
Name of Provider or Supplier	**Street Address, City, State**	
Beckley Appalachian Regional Hospital	306 Stanaford Road, Beckley, WV	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5032	CYTOLOGY CFR(s): 493.1221 If the laboratory provides services in the subspecialty of Cytology, the laboratory must meet the requirements specified in 493.1230 through 493.1256, 493.1274, and 493.1281 through 493.1299. This CONDITION is not met as evidenced by: Based on review of laboratory policies and procedures, laboratory records, nongynecologic cytology slide preparations, and interviews the laboratory failed to establish and follow written policies and procedures for nongynecologic cytology specimen processing (refer to D5403); failed to accurately test staining materials for intended reactivity (refer to D5473); failed to establish and follow written policies and procedures for the establishment, reassessment and documentation of individual workload limits (refer to D5633, D5637 and D5647); failed to establish and follow written policies and procedures to ensure that workload limits would be prorated when examining slides in less than eight hours (refer to D5641); failed to establish and follow written policies and procedures to ensure the laboratory maintained records of the total number of hours spent examining slides per 24-hour period (refer to D5645); failed to establish and follow written policies and procedures to ensure unsatisfactory slide preparations were identified and reported as unsatisfactory (refer to D5655); and failed to establish and follow written policies and procedures to define the reporting system used for the descriptive nomenclature used to diagnose nongynecologic cytology specimens (refer to D5657).
D5391	PREANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1249(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems

	identified in the preanalytic systems specified at 493.1241 through 493.1242. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, quality assessment records, nongynecologic cytology slide preparations, interview with Technical Supervisor B and the Administrative Director and laboratory documentation the laboratory failed to follow written policies and procedures for an ongoing mechanism to monitor, assess and correct problems identified in the preanalytic systems. The laboratory failed to identify and correct problems with the Papanicolaou stain process used for nongynecologic cytology slide preparations in 19 of 153 days of use from June 2022 to December 2022 and January 2023 to the date of the survey in 2023. Cross refer to D5473 Findings include: 1. The laboratory failed to follow the procedure STAIN ASSESSMENT IN CYTOLOGY which stated: "Daily slides will be evaluated for the quality of each stain, bluing, clearing and coverslipping and noted on the documentation sheet." a. The laboratory failed to identify and correct poor stain quality with the Papanicolaou stain process used for nongynecologic cytology slide preparations in 19 of 153 days of use from June 2022 to December 2022 and January 2023 to the date of the survey in 2023. (Refer to D5473) 2. The laboratory failed to follow the procedure MODIFIED PAPANICOLAOU STAINING AND COVERSLIPPING PROCEDURE FOR CYTOLOGY SPECIMENS which stated: "A diagnosis is rendered on properly stained and cover slipped slides. The following procedure renders a reproducible stain and one that clearly delineates nuclei, cell borders, nucleoli and organisms." a. The laboratory failed to properly stain nongynecologic cytology slides prior to rendering a diagnosis in 19 of 153 days of use from June 2022 to December 2022 and January 2023 to the date of the survey in 2023. (Refer to D5473) 3. During an interview on October 12, 2023 at 12:10 PM these findings were confirmed by Technical Supervisor B and Administrative Director. 4. In documentation received via email from the laboratory on October 30, 2023 Laboratory Director/Technical Supervisor A confirmed the cases as "POOR SLIDE QUALITY" and stated "THANK YOU FOR THIS INSPECTION. WE HAVE CHANGED/MODIFIED OUR PROCESS AND THE RESULTS ARE VERY GOOD. SLIDES ARE OF MUCH BETTER QUALITY NOW AND STAINING IS ABSOLUTELY EXCELLENT."
D5403	PROCEDURE MANUAL CFR(s): 493.1251(b) The procedure manual must include the following when applicable to the test procedure: (1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in 493.1242. (2) Microscopic examination, including the detection of inadequately prepared slides. (3) Step-by-step performance of the procedure, including test calculations and interpretation of results. (4) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing. (5) Calibration and calibration verification procedures. (6) The reportable range for test results for the test system as established or verified in 493.1253. (7) Control procedures. (8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (9) Limitations in the test methodology, including interfering substances. (10) Reference intervals (normal values). (11) Imminently life-threatening test results, or panic or alert values. (12) Pertinent literature references. (13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the

	protocol for reporting imminently life threatening results, or panic, or alert values. (14) Description of the course of action to take if a test system becomes inoperable. This STANDARD is not met as evidenced by: Based on review of 37 laboratory policies and procedures, nongynecologic cytology slide preparations, interview with Technical Supervisor B and the Administrative Director and laboratory documentation the laboratory failed to establish and follow written policies and procedures for two laboratory test processes. Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures to describe the laboratory's step-by-step process for nongynecologic cytology specimen processing for all specimen types received by the laboratory. The laboratory failed to provide written policies and procedures from the time of specimen receipt into the laboratory to the point of slide staining to include fixation, centrifugation and Hologic ThinPrep processing. 2. The Survey Team requested and the laboratory failed to provide written policies and procedures to define the process for the identification and correction of inadequately prepared nongynecologic cytology slides detected during microscopic examination. a. The Survey Team interpreted 22 nongynecologic cytology slide preparations from June 2022 to December 2022 and January 2023 to the date of the survey in 2023 as "Unsatisfactory for Evaluation due to Poor Stain". Cases include: -NA22-83 -NA22-84 -NA22-86 -NA22-88 -NA22-93 -NA22-97 -NA22-98 -NA22-129 -NA22-141 -NA22-144 -NA22-147 (1) -NA22-147 (2) -NA22-159 -NA22-160 -NA22-162 -NA23-160 -NA23-166 -NA23-175 -NA23-192 -NA23-194 -NA23-195 -NA23-197 3. During an interview on October 12, 2023 at 12:10 PM these findings were confirmed by Technical Supervisor B and Administrative Director. Technical Supervisor B described the stain appearance as "mush" and stated "I pride myself in being able to troubleshoot but I'm perplexed here. I don't know what's going on." 4. In documentation received via email from the laboratory on October 30, 2023 Laboratory Director/Technical Supervisor A confirmed the cases as "POOR SLIDE QUALITY" and stated "THANK YOU FOR THIS INSPECTION. WE HAVE CHANGED/MODIFIED OUR PROCESS AND THE RESULTS ARE VERY GOOD. SLIDES ARE OF MUCH BETTER QUALITY NOW AND STAINING IS ABSOLUTELY EXCELLENT."
D5473	CONTROL PROCEDURES CFR(s): 493.1256(e)(2)(g) (e) For reagent, media, and supply checks, the laboratory must do the following: (e) (2) Each day of use (unless otherwise specified in this subpart), test staining materials for intended reactivity to ensure predictable staining characteristics. Control materials for both positive and negative reactivity must be included, as appropriate. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on review of stain quality records, nongynecologic cytology slide preparations, interview with Technical Supervisor B and the Administrative Director and laboratory documentation the laboratory failed to ensure predictable staining characteristics of the Papanicolaou stain process used for 22 nongynecologic cytology slide preparations in 19 of 153 days of use from June 2022 to December 2022 and January 2023 to the date of the survey in 2023. Findings include: 1. The Survey Team reviewed quality assessment records titled SLIDE QUALITY DOCUMENTATION SHEET from June 2022 to December 2022 and January 2023 to the date of the survey

	in 2023. a. The laboratory assessed the Papanicolaou stain quality as ACCEPTABLE in 153 of 153 days of use from June 2022 to December 2022 and January 2023 to the date of the survey in 2023. b. The laboratory failed to identify 22 inadequately stained Papanicolaou slide preparations in 19 of 153 days of use from June 2022 to December 2022 and January 2023 to the date of the survey in 2023. Dates and cases include: -June 6, 2022 -NA22-83 -NA22-84 -June 9, 2022 -NA22-86 -June 10, 2022 -NA22-88 -June 15, 2022 -NA22-93 -June 17, 2022 -NA22-97 -June 20, 2022 -NA22-98 -August 25, 2022 -NA22-129 -September 8, 2022 -NA22-141 -September 13, 2022 -NA22-144 -NA22-147 (1) -NA22-147 (2) -September 23, 2022 -NA22-159 -September 28, 2022 -NA22-160 -September 29, 2022 -NA22-162 -August 10, 2023 -NA23-160 -August 16, 2023 -NA23-166 -August 29, 2023 -NA23-175 -September 11, 2023 -NA23-192 -September 14, 2023 -NA23-194 -September 15, 2023 NA23-195 -September 21, 2023 -NA23-197 2. During an interview on October 12, 2023 at 12:10 PM these findings were confirmed by Technical Supervisor B and Administrative Director. Technical Supervisor B described the stain appearance as "mush" and stated "I pride myself in being able to troubleshoot but I'm perplexed here. I don't know what's going on." 3. In documentation received via email from the laboratory on October 30, 2023 Laboratory Director/Technical Supervisor A confirmed the cases as "POOR SLIDE QUALITY" and stated "THANK YOU FOR THIS INSPECTION. WE HAVE CHANGED/MODIFIED OUR PROCESS AND THE RESULTS ARE VERY GOOD. SLIDES ARE OF MUCH BETTER QUALITY NOW AND STAINING IS ABSOLUTELY EXCELLENT."
D5633	CYTOLOGY CFR(s): 493.1274(d)(1) (d) Workload limits. The laboratory must establish and follow written policies and procedures that ensure the following: (d)(1) The technical supervisor establishes a maximum workload limit for each individual who performs primary screening. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, lack of laboratory workload establishment records and interview with the Laboratory Director/Technical Supervisor A the laboratory failed to establish and follow written policies and procedures to ensure individual maximum workload limits were established for the Technical Supervisor who performed primary screening of nongynecologic cytology slide preparations. The laboratory failed to provide individual maximum workload limits for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures to ensure the Technical Supervisor established individual maximum workload limits for the Technical Supervisor who performed primary screening of nongynecologic cytology slide preparations. 2. The Survey Team requested and the laboratory failed to provide individual maximum workload limits for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. Technical Supervisor includes: -Laboratory Director/Technical Supervisor A 3. During an interview on October 10, 2023 at 4:50 PM these findings were confirmed by Laboratory Director /Technical Supervisor A.
D5637	CYTOLOGY CFR(s): 493.1274(d)(1)(ii)

	(d) Workload limits. The laboratory must establish and follow written policies and procedures that ensure the following: (d)(1)(ii) Each individual's workload limit is reassessed at least every 6 months and adjusted when necessary. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, lack of reassessed workload limit records and interview with the Laboratory Director/Technical Supervisor A the laboratory failed to establish and follow written policies and procedures to reassess and adjust, when necessary, a maximum workload limit at least every six months for the Technical Supervisor who performed primary screening of nongynecologic cytology slide preparations. The laboratory failed to provide reassessed maximum workload limits for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures to reassess and adjust, when necessary a maximum workload limit at least every six months for the Technical Supervisor who performed primary screening of nongynecologic cytology slide preparations. 2. The Survey Team requested and the laboratory failed to provide reassessed maximum workload limits for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. Technical Supervisor includes: -Laboratory Director/Technical Supervisor A 3. During an interview on October 10, 2023 at 4:50 PM these findings were confirmed by Laboratory Director /Technical Supervisor A.
D5641	CYTOLOGY CFR(s): 493.1274(d)(2)(ii) (d) Workload limits. The laboratory must establish and follow written policies and procedures that ensure the following: (d)(2)(ii) For the purposes of establishing workload limits for individuals examining slides in less than an 8-hour workday (includes full-time employees with duties other than slide examination and part-time employees), a period of 8 hours is used to prorate the number of slides that may be examined. The formula-- Number of hours examining slides X 100 / 8 is used to determine maximum slide volume to be examined; This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, lack of prorated workload limit records and interview with the Laboratory Director/Technical Supervisor A the laboratory failed to establish and follow written policies and procedures to ensure that the workload limit for the Technical Supervisor would be prorated when examining slides in less than an eight-hour work day. The laboratory failed to provide documentation of a prorated workload limit for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures to prorate the workload limit for the Technical Supervisor when examining slides in less than an eight-hour day. 2. The Survey Team requested and the laboratory failed to provide records of a prorated workload limit for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. Technical Supervisor includes: -Laboratory Director/Technical Supervisor A 3. During an interview on October 10, 2023 at 4:50 PM these findings were confirmed by Laboratory Director/Technical Supervisor A.

D5645	CYTOLOGY CFR(s): 493.1274(d)(3) (d) Workload limits. The laboratory must establish and follow written policies and procedures that ensure the following: (d)(3) The laboratory must maintain records of the total number of slides examined by each individual during each 24-hour period and the number of hours spent examining slides in the 24-hour period irrespective of the site or laboratory. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures and interview with the Laboratory Director/Technical Supervisor A the laboratory failed to establish and follow written policies and procedures to ensure that the laboratory maintained records of the number of hours spent examining slides by each individual per 24-hour period. Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures to ensure that the laboratory maintained records of the number of hours spent examining slides by each individual per 24-hour period. 2. During an interview on October 10, 2023 at 4:50 PM these findings were confirmed by Laboratory Director/Technical Supervisor A.
D5647	CYTOLOGY CFR(s): 493.1274(d)(4) (d) Workload limits.The laboratory must establish and follow written policies and procedures that ensure the following: (d)(4) Records are available to document the workload limit for each individual. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, lack of laboratory workload establishment records and interview with the Laboratory Director/Technical Supervisor A the laboratory failed to establish and follow written policies and procedures to ensure records were available to document the workload limit for the Technical Supervisor who performed primary screening of nongynecologic cytology slide preparations. The laboratory failed to provide records of individual maximum workload limits for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures to ensure records were available to document the workload limit for the Technical Supervisor who performed primary screening of nongynecologic cytology slide preparations. 2. The Survey Team requested and the laboratory failed to provide records of individual maximum workload limits for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. Technical Supervisor includes: -Laboratory Director /Technical Supervisor A 3. During an interview on October 10, 2023 at 4:50 PM these findings were confirmed by Laboratory Director/Technical Supervisor A.
D5655	CYTOLOGY CFR(s): 493.1274(e)(4) (e) Slide examination and reporting. The laboratory must establish and follow written policies and procedures that ensure the following: (e)(4) Unsatisfactory specimens or slide preparations are identified and reported as unsatisfactory.

	This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, nongynecologic cytology slide preparations and corresponding final test reports and interview with the Laboratory Director/Technical Supervisor A the laboratory failed to establish and follow written policies and procedures to ensure unsatisfactory nongynecologic cytology slide preparations were identified and reported as unsatisfactory. The laboratory failed to identify and report 38 of 39 nongynecologic cytology slide preparations from June 2022 to December 2022 and January 2023 to the date of the survey in 2023 as "Unsatisfactory for Evaluation due to Inadequate Cellularity". Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures to define adequate cellularity to ensure unsatisfactory nongynecologic cytology slide preparations were identified and reported as unsatisfactory. 2. The laboratory failed to identify and report 38 of 39 nongynecologic cytology slide preparations from June 2022 to December 2022 and January 2023 to the date of the survey in 2023 as "Unsatisfactory for Evaluation due to Inadequate Cellularity". Cases include: -NA23-193 -NA23-188 -NA23-181 -NA23-165 -NA23-158 -NA23-157 -NA23-144 -NA23-138 -NA23-105 -NA23-104 -NA23-100 -NA23-99 -NA23-98 -NA23-95 -NA22-175 -NA22-173 -NA22-171 -NA22-170 -NA22-169 -NA22-164 -NA22-163 -NA22-161 -NA22-158 -NA22-157 -NA22-146 -NA22-138 -NA22-137 -NA22-136 -NA22-135 -NA22-134 -NA22-133 -NA22-132 -NA22-131 -NA22-130 -NA22-103 -NA22-92 -NA22-90 -NA22-82 3. During an interview on October 10, 2023 at 4:50 PM the laboratory's failure to establish written policies and procedures to detail the adequacy criteria to report unsatisfactory nongynecologic cytology specimens was confirmed by Laboratory Director/Technical Supervisor A.
D5657	CYTOLOGY CFR(s): 493.1274(e)(5) (e) The laboratory must establish and follow written policies and procedures that ensure the following: (e)(5) The report contains narrative descriptive nomenclature for all results. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures and interview with the Laboratory Director/Technical Supervisor A the laboratory failed to establish and follow written policies and procedures for the system of narrative descriptive nomenclature used by the laboratory to report nongynecologic cytology test results. Findings include: 1. The Survey Team requested and the laboratory failed to provide written policies and procedures to define the criteria used and the system of narrative descriptive nomenclature used by the laboratory to report nongynecologic cytology test results. 2. During an interview on October 10, 2023 at 4:50 PM these findings were confirmed by Laboratory Director/Technical Supervisor A.
D6076	LABORATORY DIRECTOR CFR(s): 493.1441 The laboratory must have a director who meets the qualification requirements of 493.1443 of this subpart and provides overall management and direction in accordance with 493.1445 of this subpart.

	This CONDITION is not met as evidenced by: Based on review of laboratory policies and procedures, laboratory records, nongynecologic cytology slide preparations and interviews the laboratory failed to have a Laboratory Director who provides overall management and direction in accordance with 493.1445 of this subpart. The Laboratory Director, who also functions as Technical Supervisor A, failed to ensure quality assessment programs were followed to assure the quality of laboratory services and identify failures in quality as they occur (refer to D6094); and failed to establish and follow written policies and procedures to monitor and assess the competency of the Histotechnicians performing the preanalytic steps of nongynecologic cytology testing (refer to D6103).
D6094	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(5) The laboratory director must ensure that the quality assessment programs are established and maintained to assure the quality of laboratory services provided and to identify failures in quality as they occur. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, laboratory records, nongynecologic cytology slide preparations and interview the Laboratory Director failed to establish and follow written policies and procedures to identify failures in quality as they occur. Cross refer to D5391 and D5403 Findings include: 1. The Laboratory Director failed to ensure that quality assessment policies and procedures were established and followed to monitor nongynecologic cytology specimen processing and staining. a. The Laboratory Director failed to ensure that the procedure STAIN ASSESSMENT IN CYTOLOGY was followed. (Refer to D5391) b. The Laboratory Director failed to ensure that the procedure MODIFIED PAPANICOLAOU STAINING AND COVERSLIPPING PROCEDURE FOR CYTOLOGY SPECIMENS was followed. (Refer to D5391) c. The Laboratory Director failed to ensure that written policies and procedures were established for step-by-by instructions for nongynecologic specimen processing and to define the process for the identification and correction of inadequately prepared slides detected during microscopic examination. (Refer to D5403) 2. During an interview on October 12, 2023 at 12:10 PM these findings were confirmed by Technical Supervisor B and Administrative Director.
D6103	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(13) The laboratory director must ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to assure that they are competent and maintain their competency to process specimens, perform test procedures and report test results promptly and proficiently, and whenever necessary, identify needs for remedial training or continuing education to improve skills. This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures, lack of competency assessment records and interview the Laboratory Director failed to ensure written

	policies and procedures were established to assess, monitor and maintain the competency of Histotechnicians who conducted preanalytic phases of cytology testing. The Laboratory Director failed to provide documentation of a competency assessment of the cytology duties for two of two Histotechnicians in 2022 and January 2023 to the date of the survey in 2023. 1. The Laboratory Director failed to ensure written policies and procedures were established to assess, monitor and maintain the competency of Histotechnicians who conducted preanalytic phases of cytology testing. 2. The Survey Team requested and the Laboratory Director failed to provide documentation of a competency assessment of the cytology duties for two of two Histotechnicians in 2022 and January 2023 to the date of the survey in 2023. Histotechnicians include: -Histotechnician A -Histotechnician B 3. During an interview on October 10, 2023 at 4:50 PM these findings were confirmed by Laboratory Director/Technical Supervisor A.
D6130	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(c)(2)(3) (c) In cytology, the technical supervisor or the individual qualified under 493.1449(k)(2)-- (c)(2) Must establish the workload limit for each individual examining slides and (c)(3) Must reassess the workload limit for each individual examining slides at least every 6 months and adjust as necessary. This STANDARD is not met as evidenced by: Based on review of written policies and procedures, lack of laboratory workload establishment records and interview Technical Supervisor A failed to establish individual workload limits and to reassess the workload limits at least every six months for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. Cross refer to D5633 and D5637 Findings include: 1. Technical Supervisor A failed to establish a maximum workload limit for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. (Refer to D5633) Technical Supervisor includes: -Technical Supervisor A 2. Technical Supervisor A failed to reassess a maximum workload limit at least every six months for one of one Technical Supervisor in 2021, 2022 and January 2023 to the date of the survey in 2023. (Refer to D5637) Technical Supervisor includes: -Technical Supervisor A 3. During an interview on October 10, 2023 at 4:50 PM these findings were confirmed by Laboratory Director/Technical Supervisor A.
D6133	TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(c)(6) In cytology, the technical supervisor or the individual qualified under 439.1449(k)(2), if responsible for screening cytology slide preparations, must document the number of cytology slides screened in 24 hours and the number of hours devoted during each 24-hour period to screening cytology slides. This STANDARD is not met as evidenced by: Based on review of laboratory workload records and interview with the Laboratory Director/Technical Supervisor A one of one Technical Supervisor performing primary screening of nongynecologic cytology slide preparations failed to document the number of hours devoted to screening slides during each 24-hour period in 2021, 2022 and January 2023 to the date of the survey in 2023. Cross refer to D5645 Findings

	include: 1. Technical Supervisor A failed to document the number of hours devoted to screening nongynecologic cytology slide preparations during each 24-hour period in 2021, 2022 and January 2023 to the date of the survey in 2023. (Refer to D5645) 2. During an interview on October 10, 2023 at 4:50 PM these findings were confirmed by Laboratory Director/Technical Supervisor A.
D9999	By agreement between ASCT Services, Inc. and CMS, information provided for CMS's completion of CMS Form 670 are ASCT Services, Inc. averages only. This information is confidential and proprietary to ASCT Services, Inc., is exempt under the Freedom of Information Act (5 U.S.C. 552 et seq.), and shall be used for federal government purposes only.